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**SCULLY, SCOTT, MURPHY  
& PRESSER, P.C.**

# Fax

**To:** Examiner: Matthew J. Kasztejna **From:** Seth Weinfeld

Group Art Unit: 3739

**Fax:** 571-273-8300

**Pages:**

**Phone:**

**Date:** April 19, 2007

**Re:** USSN: 10/766,581  
Filed: January 27, 2004  
Inventor: Akio Uchiyama  
Our Docket: 17406

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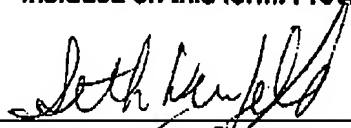
• **Comments:**

Attached for entry into the above application are:

- 1) Amendment Transmittal in duplicate
- 2) Amendment and Response Under 37 C.F.R. § 1.116
- 3) Certificate of Facsimile Transmission

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No.</b> 17406	
Applicant(s): Akio Uchiyama						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/766,581	January 27, 2004	Kasztejna, Matthew John	23389	3739	3837	
Invention: CAPSULE MEDICAL DEVICE						
<b><u>COMMISSIONER FOR PATENTS:</u></b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	7 -	27 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	5 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 19-1013 SSMP in the amount of <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: April 19, 2007			
Seth Weinfeld, Registration No. 50,929 Scully, Scott, Murphy & Presser, P.C.			<div style="border: 1px solid black; padding: 5px;">         I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on          _____          (Date)          _____          Signature of Person Mailing Correspondence          _____          Typed or Printed Name of Person Mailing Correspondence       </div>			
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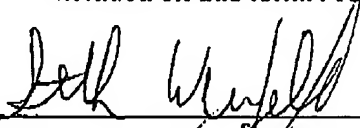
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No. 0112 P. 4/10

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>17406</b>									
Applicant(s): <b>Akio Uchiyama</b>														
Application No. <b>10/766,581</b>	Filing Date <b>January 27, 2004</b>	Examiner <b>Kasztejna, Matthew John</b>	Customer No. <b>23389</b>	Group Art Unit <b>3739</b>	Confirmation No. <b>3837</b>									
Invention: <b>CAPSULE MEDICAL DEVICE</b>														
<b>COMMISSIONER FOR PATENTS:</b>														
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
<b>CLAIMS AS AMENDED</b>														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
<b>TOTAL CLAIMS</b>	<b>7</b>	<b>27</b>	<b>0</b>	<b>x \$50.00</b>	<b>\$0.00</b>									
<b>INDEP. CLAIMS</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>x \$200.00</b>	<b>\$0.00</b>									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					<b>\$0.00</b>									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. <b>19-1013 SSMP</b> in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>														
 _____ Signature			Dated: <b>April 19, 2007</b>											
<b>Seth Weinfeld, Registration No. 50,929</b> <b>Scully, Scott, Murphy &amp; Presser, P.C.</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		Signature of Person Mailing Correspondence		Typed or Printed Name of Person Mailing Correspondence	
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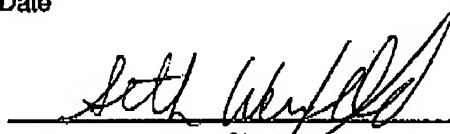
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RESPONSE UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 3739

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>Applicant:</b>	Akio Uchiyama	<b>Examiner:</b>	Kasztejna, Matthew J.
<b>Serial No:</b>	10/766,581	<b>Art Unit:</b>	3739
<b>Filed:</b>	January 27, 2004	<b>Docket:</b>	17406
<b>For:</b>	CAPSULE MEDICAL DEVICE	<b>Dated:</b>	April 19, 2007

**Confirmation No. 3837**

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Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.116**

Sir:

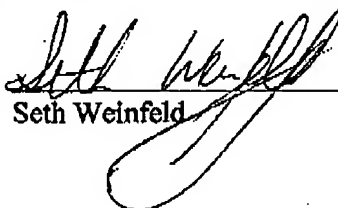
In response to the Final Official Action dated February 21, 2007, Applicant respectfully requests reconsideration of the application in view of the following amendments and remarks.

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Seth Weinfeld